of confounders. The association between PSG parameters and enlarged BG-PVS was assessed in a random sample of 97 individuals. Logistic regression models showed a significant association between poor sleep efficiency and enlarged BG-PVS (p=0.045). In contrast, there was no association between the AHI and BG-PVS.
Conclusion: Poor sleep efficiency is independently associated with enlarged BG-PVS, suggesting that sleep may influence structural changes in these fluid-filled cavities.
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A COMPARISON OF THE DISCREPANCY BETWEEN SELF-REPORTED AND OBJECTIVELY MEASURED SLEEP AT HOME AND IN THE LABORATORY

Christina S. Khou, M.A.[1], Nancy Hamilton, PhD[2], Catherine Siengsukon, PT, PhD[3], Amber Watts, PhD[2]
[1]Psychology, University of Kansas, Lawrence, KS, USA, [2]University of Kansas, Lawrence, KS, USA, [3]University of Kansas Medical Center, Kansas City, KS, USA.

Introduction: Older adults are a growing segment of the population who experience disturbed sleep. Researchers have found that there is a discrepancy between actigraphy and self-report in older adults with co-morbid medical conditions and that this discrepancy is affected by individual characteristics. However, this relationship and discrepancy is unclear in healthy older adults. The purpose of this study was to determine the difference between actigraphy and diary estimates of sleep onset latency (SOL) and total sleep time (TST), and to determine how sleep quality, depressive symptoms, and memory are associated with the difference between actigraphy and sleep diary estimates of sleep.
Methods: Data were gathered from 78 participants (M_{age}= 74.06 years-old, SD= 6.65). A majority were female (69%) and White/Caucasian (96%). Participants completed sleep diaries (i.e., subjective sleep), questionnaires (Geriatric Depression Scale, Pittsburgh Sleep Quality Index, immediate and delayed recall tasks), and wore actigraphs (i.e., objective sleep) for 4-7 nights (M_{nights}= 6.88, SD= 0.46). Differences between total sleep time (TST) and sleep onset latency (SOL) were calculated by subtracting sleep diary self-reports from actigraphy sleep estimates.
Results: Multiple Wilcoxin Signed-Rank tests were conducted to examine the discrepancy between self-reported and actigraphy measured SOL and TST. Self-reported SOL was significantly greater than actigraphy measured SOL (z= 6.95, p <.001). Self-reported TST was greater than actigraphy measured TST (z= 2.51, p= .014). Multilevel regression models revealed that participants who reported worse sleep quality had a greater discrepancy between their sleep diary and actigraphy estimated SOL (γ= 1.69, SE = 0.42, p < .01).
Conclusion: Results demonstrated that healthy older adults perceived taking longer to fall asleep and sleeping more than what was indicated from actigraphy data. Worse sleep quality predicted a greater incongruence between self-reported and actigraphy estimated sleep onset latency. Future studies should continue to investigate how psychological and physiological functioning and processes impacts the discrepancy between self-reported and actigraphy estimated sleep in healthy older adults and explore the longitudinal pattern of this discrepancy.
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GENDER DYSPHORIA, MENTAL HEALTH, AND POOR SLEEP QUALITY AMONG TRANSGENDER AND GENDER NON-CONFORMING INDIVIDUALS: A QUALITATIVE STUDY IN NEW YORK CITY

Salem Harry-Hernandez, BA[1], Sari L. Reisner, ScD[2], Eric Schrimshaw, PhD[3], Asa Radix, MD, MPH, FACP, AAHIVS[4], Raiya Mallick, MBBS[1], Ilgaz Hirisci, BA[1], Samuel Dubin, BS[1], Aisha Khan, BA[1], Dustin T. Duncan, ScD[1]
[1]Spatial Epidemiology Lab, Department of Population Health, New York University School of Medicine, New York, NY, USA, [2]Division of General Pediatrics, Boston Children's Hospital, Harvard Medical School, Boston, MA, USA, [3]Department of Sociomedical Sciences, Mailman School of Public Health, Columbia University, New York, NY, USA, [4]Callen-Lorde Community Health Center, New York, NY, USA.

Introduction: A vast amount of research has demonstrated the numerous adverse health risks of short sleep duration and poor sleep health among the general population, and increasing studies have been conducted among lesbian, gay, and bisexual individuals. However, poor sleep health is disproportionately experienced by sexual and gender minority populations, and little research has examined sleep disparities or sleep quality among transgender and gender non-conforming individuals specifically. To date, no studies have delved into a wide range of sleep characteristics in transgender populations to determine risk factors for poor sleep quality. The purpose of this study was to use qualitative methods to explore the association between factors such as gender identity, mental health, and substance use and sleep health among a sample of transgender and gender non-conforming individuals in New York City.
Methods: Forty in-depth interviews were conducted among an ethnically diverse group from July to August 2017 who identified as transgender and gender non-conforming. All interviews were transcribed, coded, and analyzed for emerging themes, including mental health affecting sleep, gender identity, and various coping mechanisms to improve overall sleep.
Results: Our research found that 60% (n=24) of participants described various behaviors to improve sleep hygiene, including the use of either prescription or over-the-counter (OTC) sleep medication such as benzodiazepines, selective serotonin reuptake inhibitors (SSRIs), and antipsychotic pharmaceuticals. Additionally, 35% (n=14) of participants reported that their gender identity contributed to disruptive sleep, including feelings of gender dysphoria, self-consciousness about their physical body, the anxiety of identifying as transgender, and gender transition (hormonal therapy and gender-affirming surgery). Poor sleep health was also associated with mental illness, specifically anxiety and depression.
Conclusion: Sleep health promotion interventions should be developed for transgender and gender non-conforming people, which would promote positive mental health, reduce the risk of pharmaceutical adverse events, and help alleviate psychosocial stress in this target population.
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